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**Application Number** 

## CHANGE OF CORRESPONDENCE ADDRESS Filing Date Application David Ralph Scheid First Named Inventor **ಎ**ರಿಎಎ Art Unit Address to: Commissioner for Patents Ouong, Khanh B. P.O. Box 1450 Examiner Name Alexandria, VA 22313-1450 David Scheid Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: The address associated with 65283 Customer Number: OR Firm or Individual Name **Address** City State Zip Country Telephone **Email** This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration Number 36,753 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Signature Typed or Printed Name Telephone 1011919000 715-8 NOTE: Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one algnature is required, see below forms are submitted.

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